

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution 19 days  
In this community 3 yrs.

3. (a) PRINT FULL NAME Margaret Seitz  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female / race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed  
6. (b) Name of husband or wife Henry Seitz  
6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased Sept. 8 1861

8. AGE: Years 82 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Unknown Ohio

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Elser

13. Birthplace Unknown Unknown

14. Maiden name Unknown

15. Birthplace Unknown unknown

16. (a) Informant Louis W. Seitz

(b) Address 3635 Dunnica Ave.

17. (a) Burial (b) Date thereof 2-5-44

(c) Place: burial or cremation Middlebrook, Mo.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St

19. (a) FEB 3 1944 J. F. Bredsch (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1003  
(c) City or town St. Louis  
(d) Street No Little Bites of the Poor 3225 N. Florissant  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 2nd year 1944 hour 6 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Jan. 13th 1944 to Feb. 2nd 1944  
that I last saw h. or alive on Feb. 2nd 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Anterior scintic Cardiovascular disease

Due to Generalized arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Manner of injury

23. Signature (b) Registrar's signature Address 1515 Lafayette

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Alfred J. Goedeker  
Licensed Embalmer No. 2663  
P. O. Address 5934 Alpha

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**